AN EVALUATION OF A MENTAL HEALTH PROGRAM
IN A MAXIMUM SECURITY CORRECTIONAL INSTITUTION

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Introduction

This is the first in a series of reports evaluating the impact of the psychotherapeutic treatment programs in Massachusetts Correctional Institutions. The focus of this paper is on the psychotherapy program of the Counseling Service at MCI-Walpole, a maximum security institution. The Counseling Service at MCI-Walpole, a collaborative enterprise of the Division of Legal Medicine and the Department of Correction, was instituted in 1956. As of the Spring of 1967, the staff of this mental health unit consisted of five full-time personnel - two psychologists, two psychiatric social workers, and one psychological assistant - and eight part-time personnel - four psychiatric residents, three graduate students in psychology, and one graduate student in social work.

This staff provides a number of services for the institution. For example, every newly committed inmate receives a mental health evaluation which is incorporated into a summary of background information used for classification purposes. Also, the mental health staff provides consultation, training, psychological testing, and emergency counseling in crisis situations. However, the most important mental health service is the ongoing individual and group psychotherapy program. Approximately 15% of the inmate population are involved in an ongoing treatment relationship. The evaluation of this psychotherapy program is the goal of the present study.

The standard used to measure the effectiveness of the psychotherapy program is the recidivism rate. While other kinds of measures may be possible, it is felt that the recidivism rate is the most objective and clear-cut criterion available. Also, by deriving the expected recidivism rate of a sample of those who had been involved in the psychotherapy program, it is possible to control to some extent for the process of self-selection. That is, it could happen that a high proportion of the type of inmates least likely to become recidivists participated in the psychotherapy program. If this were the case, the psychotherapy group may have

an extremely low recidivism rate which would probably be spuriously related to participation in the therapy program. Such a pitfall can be largely avoided by using the expected recidivism rate.

The major questions to be investigated in this study are:

(1) Does the psychotherapy program, in general, have a significant impact in reducing recidivism?

(2) With what types of inmates is psychotherapy most effective; and, conversely, with what types does it seem to have no effect, or perhaps even a negative effect?

(3) Does the length of time in psychotherapy affect the recidivism rate?

(4) What type of psychotherapy (individual, group, or combination of both) seems to be most effective with the various types of inmates?

Method

The Samples. Two samples were used in this analysis; one consisted of psychotherapy participants, the other of non-participants. The psychotherapy sample included all inmates released to the community prior to March 1, 1963 who had been involved in ongoing psychotherapy at MCI-Walpole for 25 weeks or longer. This cut-off date was chosen so that a four year follow-up period for determining recidivism, consistent with prior studies, could be maintained. The minimum of 25 weeks in psychotherapy was decided upon because the clinical staff felt that at least this much time was needed to establish a meaningful therapeutic relationship. A total of 115 subjects fit these criteria.

The non-psychotherapy sample was made up of all inmates released to the community from MCI-Walpole in 1960 who were not involved in psychotherapy.

Data on this sample had already been collected as part of an earlier study of recidivism.[1] The total number in this sample was 138.

A comparison of the therapy and non-therapy samples on background factors, criminal history, and factors related to the present incarceration is presented in Appendix A. The tables on background factors show that the therapy (Rx) sample:

    (a)   was significantly younger than the non-therapy (non-Rx) sample at the present incarceration (82.6% of the Rx sample were 35 or younger, while 66.7% of the non-Rx sample were in this age range);

    (b)   had a significantly higher proportion of whites (85.2% as opposed to 65.2% for the non-Rx sample);

    (c)   had achieved a significantly higher educational level (only 19.1% of the Rx sample had less than a seventh grade education, while 34.1% of the non-Rx group were in this category. Also, 16.5% of the Rx sample were high school graduates, whereas only 3.6% of the non-Rx sample had graduated from high school).

In terms of criminal history, Appendix A shows that the Rx sample differed significantly from the non-Rx sample in the number of prior arrests. (36.5% of the Rx sample had 5 or fewer prior arrests, while 19.6% of the non-Rx sample fell into this category; also, 30.4% of the Rx group had 11 or more prior arrests, as opposed to 46.4% of the non-Rx group.) On age at first arrest and on prior incarcerations, the differences between the two samples were not statistically significant.

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[1]Francis J. Carney, "Predicting Recidivism in a Maximum Security Correctional Institution: Some Emerging Generalizations", Massachusetts Department of Correction, mimeo. (Oct., 1966)

Significant differences between the two samples were found on two of the five variables under present incarceration. The Rx sample had a significantly lower proportion of parole violators (i.e. those whose present incarceration was for a technical parole violation) than the non-Rx sample. Only 7.8% of the Rx sample were parole violators; 27.5% of the non-Rx sample were incarcerated for violation of parole. With respect to the length of time served on the present incarceration, the Rx sample spent a significantly longer time incarcerated. Only 4.3% of the Rx samples were incarcerated for less than a year, while 26.8% of non-Rx sample were in this category. Further, 40.0% of the Rx sample served 3 years or longer, as compared to 18.8% of the non-Rx sample. This difference in length of time served is probably related to the difference in the proportion of parole violators in the two samples, since the parole violators tend to be incarcerated for a shorter period than those committed from the courts.

The two samples did not differ significantly on type of offense, although the Rx sample had a somewhat higher proportion of sex offenders and a somewhat lower proportion of narcotic offenders. There were also no significant differences with respect to disciplinary action and type of release.

Definition of Recidivism. In any study in which recidivism is a variable of crucial concern, it is important to define precisely what is meant by a recidivist. In this study any subject who was returned to a Federal or State Prison or to a County House of Correction or Jail for 30 days or more was considered a recidivist. The follow-up period was four years from the date of the subject's release. This definition of recidivism, as well as the length of the follow-up period, is consistent with all of the recent recidivism studies done by the Department of Correction.

It should be emphasized that the above definition of recidivism includes a wide range of behavior in terms of the degree of seriousness of the activity for which a subject is re-incarcerated. For example, a person may be returned for a technical parole infraction (e.g. indiscreet conduct, associating with another

parolee) or for the commission of a major felony. Therefore, in presenting the findings of this analysis an attempt will be made to discriminate among the recidivists according to the seriousness of the behavior involved.

The source of data on recidivism was the records of the Department of Correction and of the Board of Probation.

Statistical Analysis. As indicated above, the basic statistical technique used in this analysis was to derive the expected recidivism rate for the Rx sample and to compare it with the actual rate. In order to derive the expected recidivism rate, the Rx sample was first divided into groups according to the institutions from which subjects were released to the community. Then, where possible, the Base Expectancy Categories of these institutions were applied to the Rx groups. For example, 104 (90.4%) of the Rx sample were released from MCI-Walpole. The Base Expectancy Categories of the W$_a$lpole non-Rx sample were applied to this group.[2] 3 (2.6%) subjects were released from Norfolk and 3 (2.6%) from Concord; the Norfolk and Concord Base Expectancy Categories respectively were applied to these two groups. Finally, 5 (4.3%) subjects were released from the forestry camps. Since no Base Expectancy Categories are currently available for the forestry camps, the overall forestry camp recidivism rate of 52.3% was used for this group.

The derivation of Base Expectancy Categories usually results in five to eight categories for each institution. Each category includes a cluster of two or three variables which is associated with a particular recidivism rate (e.g. see Appendix B). The technique of "applying the Base Expectancy Categories to the Rx sample" involved multiplying the number of Rx subjects in each category by the corresponding recidivism rate of that category. (For the five subjects released from the camps, the procedure was to multiply 5 times 52.3%, the overall camp recidivism rate.) These products were then summed and divided by the total number in the Rx sample (115), in order to establish the overall expected recidivism rate.

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[2]The Base Expectancy Categories of the Walpole non-Rx sample are found in Appendix B.

This same procedure was used for deriving the expected recidivism rate of subgroups of the Rx sample (e.g. those in individual psychotherapy vs. those in group psychotherapy).

Findings

The expected recidivism rate of the Rx sample was 68.0%, while the actual return rate was only 53.0%. This difference is highly significant (x^2 = 11.82, df = 1, p $<$.001). It is clear, therefore, that the psychotherapy program had a significant impact in reducing recidivism for those who were involved in a relatively long-term treatment relationship. It is also noteworthy that the expected recidivism rate of the Rx group (68.0%) is very similar to the actual recidivism rate of the non-Rx group (69.6%). This indicates that the Rx sample was very much like the non-Rx sample in terms of the overall likelihood for recidivism. That is, it does not appear that a selective factor was operating such that the best recidivism risks had participated in the psychotherapy program in the first place.

For a more detailed comparison of the Rx and non-Rx samples in terms of recidivism, see Appendix A. Here the two samples are compared on 11 factors which include a total of 32 subcategories. It is striking that on 29 of these 32 subcategories the Rx subjects have a lower recidivism rate than their non-Rx counterparts. The probability of finding this set of differences - i.e. with such a consistent pattern in the same direction - by chance is less than one in a thousand (i.e. p $<$ .001). This lends substantial support to the conclusion that the psychotherapy program did have a significant impact in reducing recidivism.

Having made the general finding that the psychotherapy program tends to be very effective, attention will be directed to a more specific analysis of the program. Such questions as the following will be explored:

(a) What type of inmate benefits most from psychotherapy?

(b) Does the length of time in therapy make a difference?

(c) What type of therapy is most effective?

Table I   Derivation of Base Expectancy Categories for Rx Sample

Total Sample
N=115
53.0% Return

5 or Fewer Prior Arrests
N=42
23.8% Return

- **11th Grade or More Education**
  N=18
  0.0% Return

- **Less Than 11th Grade Education**
  N=24
  41.7% Return

6 or More Prior Arrests
N=73
69.9% Return

- **34 or Older at Present Incarceration**
  N=23
  52.2% Return

- **33 or Younger at Present Incarceration**
  N=50
  78.0% Return

  - **0 or 1 Juvenile Incarceration**
    N=33
    69.7% Return

  - **2 or More Juvenile Incarcerations**
    N=17
    94.1% Return

Table II

A Comparison of Therapy and Non-Therapy Samples in Terms
of the Base Expectancy Categories of the Therapy Sample

Category	Therapy Sample			Non-Therapy Sample		
	N	%	Recid. Rate	N	%	Recid. Rate
1. 5 or fewer prior arrests; 11th grade or higher	18	(15.7)	0.0%	4	(2.9)	25.0%
2. 5 or fewer prior arrests; less than 11th grade	24	(20.9)	41.7%	23	(16.7)	65.2%
3. 6 or more prior arrests; 34 or older at present incarceration	23	(20.0)	52.2%	47	(34.1)	66.0%
4. 6 or more prior arrests; 33 or younger at present incarceration; not more than one juvenile incarceration	33	(28.7)	69.7%	47	(34.1)	74.5%
5. 6 or more prior arrests; 33 or younger at present incarceration; more than one juvenile incarceration	17	(14.8)	94.1%	17	(12.3)	82.4%
TOTAL	115	(100.1)	53.0%	138	(100.1)	69.6%

In order to spotlight the type of inmates who benefited most - as well as those who benefited least - from psychotherapy, base expectancy categories were derived for the Rx sample. These five base expectancy categories, with return rates ranging from 0.0% (for those who had 5 or fewer prior arrests and an eleventh grade or higher education) to 94.1% (for those who had 6 or more prior arrests, were 33 or younger at their present incarceration, and had 2 or more juvenile incarcerations), are presented in Table I.

In Table II the return rates of the Rx and non-Rx subjects in these five categories are compared. In all categories but the fifth, the Rx subjects had a lower recidivism rate than their non-Rx counterparts. It is clear, therefore, that inmates who have the characteristics of those in the fifth category tend not to benefit from psychotherapy.

From the data in Table II it is possible to spotlight the general characteristics of inmates who have tended to benefit from psychotherapy vs. those who have tended not to benefit. For example, when categories 4 and 5 are combined a group of inmates emerges which seems to have been affected very little by psychotherapy. This group consists of those who had longer records (6 or more prior arrests) and were younger (33 or younger at the present incarceration). Table III shows that inmates with these characteristics who were not in psychotherapy actually had a slightly lower recidivism rate (76.6%) than their counterparts who were in therapy (78.0%).

Table III

Comparison of Rx and Non-Rx Subjects Who Have Longer Records and Are Younger

	N	%	Recid. Rate
Rx Sample	50	(43.5)	78.0%
Non-Rx Sample	64	(46.4)	76.6%

Similarly, when categories 1, 2, and 3 are combined, two groups emerge which seem to have benefited considerably from psychotherapy. The first group consists

of those with shorter records (5 or fewer prior arrests); the second is made up of

those with longer records (6 or more prior arrests), but who were older (34 or

older at the present incarceration). Table IV presents a comparison of recidivism

rates of Rx and non-Rx subjects with these characteristics.

Table IV

A Comparison of Rx and Non-Rx Samples for Subjects with Shorter

Records and for Subjects with Longer Records Who Were Older

	Shorter Records			Longer Records But Older			Total		
	N	%	Recid. Rate	N	%	Recid. Rate	N	%	Recid.Ra
Rx	42	(36.5)	23.8%	23	(20.0)	52.2%	65	(56.5)	33.8%
Non-Rx	27	(19.6)	59.3%	47	(34.1)	66.0%	74	(53.6)	63.5%

As Table IV shows, Rx subjects with shorter records had a recidivism rate which

was 35.5 percentage points lower than non-Rx subjects with shorter records. Also,

older Rx subjects with longer records had a recidivism rate that was 13.8 percentage

points lower than their non-Rx counterparts. It seems clear, then, that psychotherapy

has been beneficial for inmates with these characteristics - particularly for those

with shorter records. In the cross-tabulations that follow, these two groups will

be combined and will be referred to as the "impact group" since psychotherapy did

have a significant impact in reducing recidivism for subjects with these character-

istics. (For the "Total" category in Table IV the recidivism rate of the Rx group

(33.8%) is lower than that of the non-Rx group (63.5%) at a very significant level

- $X^2 = 12.18$, df = 1, $p < .001$.) The group consisting of younger subjects with

longer records - i.e. those in Table III - will be referred to as the "no impact

group" since psychotherapy tended to have no impact in reducing recidivism.

The next issue to be explored is whether or not there is a relationship between

the length of time in psychotherapy and recidivism. Table V provides a comparison

of the expected and the actual recidivism rates of the Rx sample according to three

general categories of time spent in therapy.

Table V

A Comparison of Expected and Actual Recidivism Rates According

to the Length of Time in Psychotherapy

Weeks in Therapy	N	%	Expected Recid. Rate	Actual Recid. Rate	Difference
24-44	38	(33.0)	67.0%	50.0%	17.0%
45-79	39	(33.9)	67.4%	56.4%	11.0%
80 or more	38	(33.0)	69.6%	52.6%	17.0%
TOTAL	115	(99.9)	68.0%	53.0%	15.0%

Table V does not show a clear-cut relationship between length of time in psychotherapy and impact on recidivism. The difference between expected and actual recidivism rates was exactly the same - 17.0 percentage points - for the "short-time" subgroup and the "long-time" subgroup. For the "middle-time" subgroup, however, the difference was less pronounced - 11.0 percentage points. In an attempt to clarify this issue, the relationship between length of time in therapy and recidivism was examined for the "impact group" and the "no impact group". This cross-tabulation is presented in Table VI.

Table VI

The Relationship Between Time in Therapy and Recidivism

for the "Impact Group" and the "No Impact Group"

Weeks in Therapy	"Impact Group"		"No Impact Group"		Total	
	N	Recid. Rate	N	Recid. Rate	N	Recid. Rate
25 - 44	23	39.1%	15	66.7%	38	50.0%
45 - 79	21	38.1%	18	77.8%	39	56.4%
80 or more	21	23.8%	17	88.2%	38	52.6%
TOTAL	65	33.8%	50	78.0%	115	53.0%

The data in Table VI are striking. This table shows that the recidivism rate of the "impact group" decreases as the length of time in therapy increases, while the recidivism rate of the "no impact group" increases as the length of time in therapy increases. Thus, not only is the recidivism rate of the "impact group" significantly lower than that of their non-Rx counterparts, but

it tends to be reduced even further as the length of time in therapy increases. On the other hand, the recidivism rate of the "no impact group", which was slightly higher than that of their non-Rx counterparts, tends to become higher as the length of time in therapy increases. Clearly, then, inmates with the characteristics of the "no impact group" do not seem to be appropriate candidates for psychotherapy.

Another important issue concerns whether or not a particular mode of psychotherapy - i.e. individual, group, or combination of both - is more effective in reducing recidivism. Table VII presents a comparison of the expected and actual recidivism rates for the types of psychotherapy. In this table the category, "individual and group", refers to those who were involved in both individual and group psychotherapy for 25 weeks or longer.

Table VII

A Comparison of the Expected and Actual Recidivism

Rates According to the Type of Psychotherapy

Type of Therapy	N	(%)	Expected Recid. Rate	Actual Recid. Rate	Difference
Individual only	67	(58.3)	67.3%	52.2%	15.1%
Group only	34	(29.6)	70.6%	55.5%	14.7%
Individual & Group	14	(12.2)	66.3%	50.0%	16.3%
TOTAL	115	(100.1)	68.0%	53.0%	15.0%

Table VII reveals very little difference in the overall effectiveness of the types of therapy. In Table VIII a cross-tabulation of the type of therapy and the length of time in therapy is presented. The data in this table suggest that group therapy is more effective for long-term treatment, while individual therapy seems to be more effective for short-term treatment. For example, only 28.6% of those who had been in group therapy for 80 weeks or longer were recidivists, while 57.1% of those who had been in individual therapy for this long were recidivists. On the other hand, the recidivism rate of those who had been in group therapy for 25 - 44 weeks was 61.5%, whereas the recidivism rate of those who had been in individual therapy for this amount of time was 45.8%.

Table VIII

The Relationship Between Type of Therapy and Recidivism

According to Length of Time in Therapy

Weeks in Therapy

Type of Therapy	25 - 44		45 - 79		80 or more		Total	
	N	Recid. Rate	N	Recid. Rate	N	Recid. Rate	N	Recid.
Individual	24	45.8%	22	54.5%	21	57.1%	67	52.2
Group	13	61.5%	14	64.3%	7	28.6%	34	55.9
Individual & Group	1	0.0%	3	33.3%	10	60.0%	14	50.0
TOTAL	38	50.0%	39	56.4%	38	52.6%	115	53.0

One further question will be explored here - i.e. is a particular mode of
psychotherapy more effective in reducing recidivism for different types of inmates.
In order to examine this question, the recidivism rates of the "impact group" and
the "no impact group" will be presented for the three psychotherapy categories
(Table IX). For this cross-tabulation the "impact group" was divided into two
subgroups: (A) those with shorter records, and (B) those with longer records but
who were older.

Table IX

The Relationship Between Type of Therapy and Recidivism

According to the Type of Inmate

Type of Inmate

Type of Therapy	Impact Grp. A		Impact Grp. B		No Impact Grp.		Total	
	N	Recid. Rate	N	Recid. Rate	N.	Recid. Rate	N	Recid. R
Individual	27	25.9%	8	50.0%	32	75.0%	67	52.2%
Group	7	14.3%	13	53.8%	14	78.6%	34	55.9%
Individual & Group	8	25.0%	2	50.0%	4	100.0%	14	50.0%
TOTAL	42	23.8%	23	52.2%	50	78.0%	115	53.0%

The data in Table IX are inconclusive in terms of spotlighting particular types
of inmates who are significantly helped by a specific mode of psychotherapy. One
problem in trying to discover a relationship between type of inmate and mode of

therapy is that the number of subjects in some of the cells is quite small. However, Table IX does indicate rather clearly that the type of inmate is much more crucial in relation to recidivism than is the mode of psychotherapy. For example, the above table shows that no matter what type of psychotherapy is utilized:

(a) the recidivism rate of those with shorter records (impact group A) is significantly lowered;

(b) the recidivism rate of older inmates with longer records (impact group B) is measurably lowered; and

(c) the recidivism rate of younger inmates with longer records (no impact group) is not lowered, and, in fact, tends to be increased.

The point is that certain types of inmates will benefit from psychotherapy, no matter what kind of therapy is used. Other types will not benefit, no matter what mode of therapy is employed.

Types of Recidivists

As noted in the introduction, the term recidivism encompasses a wide range of behavior in terms of the degree of the seriousness of the activity that is involved. In this section an attempt will be made to make some distinctions among the various types of behavior which fall under the blanket term, recidivism.

Table X presents a comparison of the Rx and non-Rx samples according to the different types of re-incarceration. In this table parole violators are divided into two groups: (a) those who had a new arrest associated with their violation, and (b) those who did not have a new arrest associated with their violation - i.e. those returned for a strictly technical infraction of parole regulations.

Table X

A Comparison of the Types of Recidivists in the Therapy

and Non-Therapy Samples

Category	Therapy Sample			Non-Therapy Sample		
	N	(%)	Cum. %	N	(%)	Cum. %
State or Fed. Comm.	20	(17.4)	17.4%	41	(29.7)	29.7%
House of Corr. Comm.	15	(13.0)	30.4%	20	(14.5)	44.2%
Parole Violation - New Arrest	11	(9.6)	40.0%	13	(9.4)	53.6%
Parole Violation - No New Arrest	15	(13.0)	53.0%	22	(15.9)	69.5%
Not Returned	54	(47.0)	100.0%	42	(30.4)	99.9%
TOTAL	115	(100.0)	-	138	(99.9)	-

Table X shows that just about the same proportions of the Rx and the non-Rx

samples were returned on House of Correction commitments and on parole violations.

However, a significantly lower proportion of the Rx sample was re-incarcerated on

a new state or federal prison commitment (17.4% for the Rx sample and 29.7% for

the non-Rx sample - $X^2 = 5.20$, df = 1, $p < .05$). Since a new state or federal

commitment usually involves the most serious kind of behavior (of the categories

in Table X) for which a subject could be re-incarcerated, the data show a tendency

for the Rx recidivists to be returned for less serious activity.

Another factor of interest in this context is the length of time the recidivists

were out before they were re-incarcerated. Table XI presents the data on this factor.

Table XI

A Comparison of Therapy and Non-Therapy Recidivists

on Length of Time Before Return

Time Before Return	Rx Recidivists			Non-Rx Recidivists		
	N	(%)	Cum. %	N	(%)	Cum. %
within 1 month	1	(1.6)	1.6%	5	(5.2)	5.2%
1 mo. up to 6 mos.	11	(18.0)	19.6%	28	(29.2)	34.4%
6 mos. up to 1 yr.	17	(27.9)	47.5%	26	(27.1)	61.5%
1 yr. up to 2 yrs.	21	(34.4)	81.9%	23	(24.0)	85.5%
2 yrs. up to 4 yrs.	11	(18.0)	99.9%	14	(14.6)	100.1%
TOTAL	61	(99.9)	-	96	(100.1)	-

There was a significant difference between the Rx and non-Rx recidivists in terms of the length of time before re-incarceration. 19.6% of the Rx recidivists were returned within six months, while 34.4% of their non-Rx counterparts were returned within six months (x^2 = 3.94, df = 1, p < .05). Thus, the Rx recidivists stayed out significantly longer than the non-Rx recidivists.

DISCUSSION

The findings of this study indicate that, in general, the psychotherapy program at M.C.I., Walpole has a very significant impact in lowering recidivism. Further, it was discovered that the subjects in the therapy sample who did become recidivists tended to be returned for less serious offenses than their non-therapy counterparts. Finally, the recidivists in the Rx sample were found to have remained in the community significantly longer before their re-incarceration than the non-Rx recidivists.

A more detailed analysis of the data revealed that the recidivism rate of a certain type of inmates who participated in the psychotherapy program was dramatically reduced, while that of another type of psychotherapy participants seemed to be adversely affected. The crucial factors in spotlighting those who appeared to be particularly appropriate, as well as those who appeared to be particularly inappropriate, for psychotherapy were criminal record and age at present incarceration.

Inmates with shorter records proved to benefit most from therapy - i.e. as this is reflected by a reduction in recidivism. Also, older inmates with longer records tended to benefit considerably from their involvement in therapy. It was further discovered that the longer these types of inmates remained in a treatment relationship, the lower was their recidivism rate. On the other hand, younger inmates with longer records did not seem to benefit from therapy. In fact, the longer this type of inmate remained in therapy, the higher was the recidivism rate.

The data also suggested that for long-term treatment group therapy was more effective, while for short-term treatment individual therapy tended to have more of an impact. Finally, the findings did not indicate that a particular mode of

psychotherapy was more or less effective with a specific type of inmate. No matter what kind of therapy was utilized, those with shorter records and those older inmates with longer records had a substantially lower recidivism rate than would have been expected; those younger inmates with longer records had a recidivism rate that just about paralleled what was expected.

This study provides information which should be useful to the Walpole classification committee, which plans with every newly committed inmate, the overall program that seems best suited to his needs. A target group of the type of inmates who are most likely to benefit from therapy has been spotlighted here. Since only about 15% of the Walpole population are involved in ongoing psychotherapy, it is important to ensure that those who have the greatest potential for benefiting from therapy are encouraged to participate in it. The results of this study give some helpful guidelines with respect to the types of inmates who should be recommended for the psychotherapy program.

A significant issue emerging from this investigation is the finding that psychotherapy per se is not enough to intervene in the criminal patterns of younger inmates with longer records. This type of inmate did not seem to be an appropriate candidate for therapy. The crucial question, then, is what kind of program or combination of programs will be effective with this type of inmate. This is a critical concern because these inmates constituted almost half of both the Rx and the non-Rx samples. The focus of future research should be on this type of inmate and on the programs formulated for their rehabilitation.

Summary

The goal of this study was to empirically evaluate the impact of the mental health program at M.C.I., Walpole. Two samples were included in the analysis; one consisted of 115 inmates who had been involved in a relatively long-term therapy relationship, and the other was made up of 138 non-therapy inmates. A comparison of the expected and the actual recidivism rates of the Rx sample revealed that the

psychotherapy program had a significant impact in reducing recidivism. Further,

when the Rx and the non-Rx recidivists were compared, it was found that the Rx

recidivists stayed out in the community significantly longer before re-incarceration,

and, also, that they tended to be returned for less serious offenses.

Further analysis of the data included an investigation of the relationship

between therapy and recidivism with the variables, type of inmate, length of time

in therapy, and mode of therapy, controlled. Those with shorter records were found

to be the best candidates for therapy. Their recidivism rate was significantly

lower than their non-therapy counterparts, and it tended to be reduced even further

as the length of time in therapy increased. On the other hand, younger inmates with

longer records appeared to be the least appropriate candidates for therapy. Their

recidivism rate was somewhat higher than their non-therapy counterparts and it

tended to increase even higher as the length of time in therapy increased.

Different modes of psychotherapy do not tend to bring about any significant changes

in the recidivism patterns of these two types of inmates. Related to the modes of

therapy, however, the data did suggest that group therapy, was more effective

on a long-term basis, while individual therapy tended to be more successful for

short-term patients.

The implications of these findings were discussed, especially with reference

to the decisions of the classification committee. Also, the need for further

research on those who seemed to be largely unaffected by psychotherapy - i.e. younger

inmates with longer records - was emphasized.

A Comparison of the Therapy and Non-Therapy

Samples Including Recidivism Rates

Variable	Therapy Sample			Non-Therapy Sample		
	N	%	Recid. Rate	N	%	Recid. Rate
	115	(100.0)	53.0%	138	(100.0)	69.6%

A. Background Factors

1. Age at Present Incarceration

25 or Younger	40	(34.8)	55.0%	33	(23.9)	75.8%
26 - 35	55	(47.8)	58.2%	59	(42.8)	72.9%
36 or Older	20	(17.4)	35.0%	46	(33.3)	60.9%

$$x^2 = 9.03,\ df = 2,\ p < .02*$$

2. Race

White	98	(85.2)	51.0%	90	(65.2)	71.1%
Non-white	17	(14.8)	64.7%	48	(34.8)	66.7%

$$x^2 = 13.14,\ df = 1,\ p < .001$$

3. Education

6th grade or less (including special classes)	22	(19.1)	77.3%	47	(34.1)	74.5%
7th and 8th grades	43	(37.4)	58.1%	47	(34.1)	72.3%
9th - 11th grades	31	(26.9)	54.8%	39	(28.3)	61.5%
High school grad. or above	19	(16.5)	10.5%	5	(3.6)	60.0%

$$x^2 = 16.43,\ df = 3,\ p < .001$$

4. Marital Status

Single	53	(46.1)	58.5%	No
Married	43	(37.4)	51.2%	Data
Div., Sep., Wid.	19	(16.5)	42.1%	Available

*Chi-squares measure differences between therapy and non-therapy samples in terms of each variable, not in terms of recidivism rates

Variable	Therapy Sample			Non-Therapy Sample		
	N	%	Recid. Rate	N	%	Recid. Rate

B. Criminal History

1. Number of Prior Arrests

	N	%	Recid. Rate	N	%	Recid. Rate
5 or fewer	42	(36.5)	23.8%	27	(19.6)	59.3%
6 - 10	38	(33.0)	68.4%	47	(34.1)	68.1%
11 or more	35	(30.4)	71.4%	64	(46.4)	75.0%

$$x^2 = 10.66, \; df = 2, \; p < .01$$

2. Age at First Arrest

	N	%	Recid. Rate	N	%	Recid. Rate
14 or younger	52	(45.2)	67.3%	48	(34.8)	79.2%
15 - 19	36	(31.3)	52.8%	52	(37.7)	67.3%
20 or Older	27	(23.5)	25.9%	38	(27.5)	60.5%

$$x^2 = 2.83, \; df = 2, \; .20 < p < .30$$

3. Prior Incarcerations

	N	%	Recid. Rate	N	%	Recid. Rate
No State, Fed., or House of Correction	26	(22.6)	26.9%	21	(15.2)	57.1%
State, Fed., or House of Correction	89	(77.4)	60.7%	117	(84.8)	70.9%

$$x^2 = 2.27, \; df = 1, \; .10 < p < .20$$

C. Present Incarceration

1. Type of Offense

	N	%	Recid. Rate	N	%	Recid. Rate
Vs. Person	42	(36.5)	69.0%	48	(34.8)	72.9%
Sex Offenses	34	(29.6)	32.4%	26	(18.8)	61.5%
Vs. Property	29	(25.2)	55.2%	36	(26.1)	75.0%
Narcotic Offenses	9	(7.8)	55.6%	24	(17.4)	70.8%
Other	1	(0.9)	0.0%	4	(2.9)	25.0%

$$x^2 = 8.848, \; df = 4, \; p < .10$$

2. Parole Violators (present incarceration)

	N	%	Recid. Rate	N	%	Recid. Rate
Technical Parole Violation	9	(7.8)	55.6%	38	(27.5)	73.7%
Committed from Court	106	(92.2)	52.8%	100	(72.5)	68.0%

$$x^2 = 16.11, \; df = 1, \; p < .001$$

	Therapy Sample			Non-Therapy Sample		
Variable	N	%	Recid. Rate	N	%	Recid. Rate

3. Length of Present Incarceration

Less than 1 year	5	(4.3)	80.0%	37	(26.8)	70.3%
1 up to 2 yrs.	41	(35.7)	46.3%	46	(33.3)	69.6%
2 up to 3 yrs.	23	(20.0)	47.8%	29	(21.0)	69.0%
3 yrs. or more	46	(40.0)	58.7%	26	(18.8)	69.2%

$$x^2 = 29.133, \quad df = 3, \quad p < .001$$

4. Disciplinary Action

No Good Conduct Time Withheld	78	(67.8)	47.4%	105	(76.0)	65.7%
Some Good Conduct Time Withheld	37	(32.2)	64.9%	33	(23.9)	81.8%

$$x^2 = 2.14, \quad df = 1, \quad .10 < p < .20$$

5. Type of Release

Parole	90	(78.3)	56.7%	95	(68.8)	70.5%
Discharge	25	(21.7)	40.0%	43	(31.2)	67.4%

$$x^2 = 2.83, \quad df = 1, \quad .05 < p < .10$$

Derivation of Base Expectancy Categories - Walpole Non-Rx Sample

Walpole
Non-Rx
Sample
N=138
69.6%
Return

No Prior Comms. (incl. Juvenile)   N=17   47.1%   Return

Prior
Comm(s)
N=121
72.7%
Return

20 or Older
at First Arrest   N=29   58.6%

19 or
Younger
at First
Arrest
N=92
77.2%
Return

10 or Fewer
Prior Arrests
N=44
68.2%
Return

26 or Older
at Present   N=26   61.5%

25 or Younger
at Present   N=18   77.8%

11 or More
Prior Arrests
N=48
85.4%
Return

Incarceration
at Present
Incarceration

Discharged   N=17   76.5%

Received   N=31   90.3%

A Comparison of Therapy and Non-Therapy Samples in Terms of the Base Expectancy Categories of the Non-Therapy Sample

Category	Non-Therapy Sample			Therapy Sample			
	N	%	Recid. Rate	N	%	Recid. Rate	Difference
1. No prior commitments (including juvenile)	17	(12.3)	47.1%	20	(17.4)	10.0%	37.1%
2. Prior commitment(s); 20 or older at 1st arrest	29	(21.0)	58.6%	14	(12.2)	42.9%	15.7%
3. Prior commitment(s) 19 or younger at 1st arrest; 10 or fewer prior arrests; 26 or older at present incarceration	26	(18.8)	61.5%	23	(20.0)	56.5%	5.0%
4. Prior commitment(s); 19 or younger at 1st arrest; 11 or more prior arrests; discharged	17	(12.3)	76.5%	10	(8.7)	50.0%	26.5%
5. Prior commitment(s); 19 or younger at 1st arrest; 10 or fewer prior arrests; 25 or younger at pres. incarceration	18	(13.0)	77.8%	25	(21.7)	64.0%	13.8%
6. Prior commitment(s); 19 or younger at 1st arrest; 11 or more prior arrests; paroled	31	(22.5)	90.3%	23	(20.0)	82.6%	7.7%
TOTAL	138	(99.9)	69.6%	115	(100.0)	53.0%	16.6%